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IV.—ABNORMAL.

Zur Localization des sensorischen Aphasie. LEOPOLD LAQUER. Neurol. Centralblatt, June 15, 1888.

While the localization of motor speech functions in the lower frontal convolution on the left side is one of the earliest and best established, that of the sensory speech function, abolition of which results in word-deafness, is not so certain. It has been placed by Wernicke and others in the upper temporal convolution on the left side, and it is to that spot that the case of Dr. Laquer points. It is a good case because the only persistent symptom, and the one that persisted through the year and a half of observation till the death of the patient, was the uncomplicated speech disturbance. The patient was a peasant woman of 74, of good heredity and intelligence, and had been well, except for some hardness of hearing, from old age. In the fall of 1886 she had two fainting spells, from the first of which she recovered in a few minutes with no after effects beyond a somewhat more rapid and excited manner of speech. With the second she had a transient paralysis of the right arm and leg, and immediate and lasting word-deafness and paraphasia. After the second attack she showed loss of the knowledge of the use of things (apraxia), did not know how to use scissors, nor how to dress and undress herself, polished boots with the wood of the brush, etc. But this passed away in a few weeks and left her, as far as could be seen, of sound mind. Samples of her talk are given. At first it was necessary to communicate with her by signs, but after a time she relearned the meanings of a few phrases and household words, and used them correctly. Tests for word-blindness were rather inconclusive, from her lack of education. The only psychic symptom was a certain changeableness of disposition; she was often ill-tempered and even angry at not being understood. During 1887 the patient grew decrepit and died, in February, 1888, of a catarrhal pneumonia. The autopsy showed a spot of softening on the forward part of the first temporal convolution on the left side, another on the posterior third of the same, and a small superficial one between the angular and second occipital gyri. Sectioning showed the fibres softened below the insula as far as the basal surface of the putamen, inward to the claustrum, upward to below the most ventral portion of the posterior central convolution, and backward along the fibres of the inferior parietal lobule to a point where a plane would cut it if passed perpendicularly through the highest point of the interparietal fissure. Elsewhere in the brain there was no sign of disease. Cuts are given representing the brain as a whole and in section.

Of the author's reflections on the case, the following are interesting: Word-deaf patients in general rapidly recover their understanding of words. That this one did not may have been because of the depth of the lesion and its having involved the fibres of the insula. Or, if we should refer the language function, with Charcot, to four coöperating centres (motor centres for written and spoken speech, and sensory centres for heard and seen speech), the quick recovery of other cases might be due to the help of the remaining centres. This woman's slow progress would then be explained by her having only one cultivated centre left to help; for her centres for seen and written speech had been little cultivated, or not at all. Kussmaul has held that intact intelligence is never present with

apraxia. The contrary was true in this case. Dr. Laquer is inclined to look upon it here (though he admits that it may have been only an effect of the other disturbances) as the result of psychic blindness from the small lesion on the edge of the occipital lobe, and to find the reason for its early disappearance in the small size of that lesion.

A case of thrombosis of the longitudinal sinus, together with the anterior frontal vein, causing localized foci of hæmorrhage, which produced remarkably localized cortical epilepsy. VICTOR HORSLEY. *Brain*, April, 1888.

The progress of one of these fits is thus described: "The patient was lying on his back; first the head turned to the left, and he made a slight moaning noise; then the eyes turned upwards; he threw the left arm straight forwards, then upwards and outwards; the head then turned slightly to the right, and lastly both legs became convulsed, the mouth slightly open." In later ones, "extension of the wrist, with an interosseal position of the fingers," was noted. The autopsy showed lesions on the right hemisphere of the posterior one sixth of the middle frontal convolution and the edge of the superior, with congestion of the ascending convolution, especially in its adjacent edge and of the membranes of the superior frontal sulcus, and, on the left hemisphere, of a portion of the forward half of the middle third of the superior frontal convolution. And there was also on this side a general thin fibrinous exudation adhering to the dura mater. The case is interesting "in localizing the situation in man of Dr. Ferrier's area for the turning of the head and eyes to the opposite side, and at the same time the anterior limit of the upper limb area, together with the special representation of the segments of that limb at the anterior part of the region devoted to it."

Essai historique et critique sur le délire des persécutions. J. H. E. MANIÈRE. Inaug. dis., 1886.

This essay traces the resemblances of the possessions, sorceries, demonopathies, and psychic pestilences of the Middle Ages to the modern delirium of persecution, the sufferers from which fear poisoning or think themselves wrought upon by electricity, telephoning, etc. All are found to be alike in nature, but taking their special coloring from the knowledge and superstition of the times. In the same way the ideas of greatness that make the emperors, millionaires, and great personages of the asylums were paralleled in those days by the prophets, the Messiahs and the Beelzebubs. The author finds both the ideas of persecution and those of grandeur to be stages of chronic delirium, which, when it shows its full course, begins in a period of incubation, upon which follows the stage of persecution, then that of exaltation, and finally dementia. The logical transition from the second to the third stages is something like this: I am fearfully persecuted; but men of humble station are never persecuted; ergo I cannot be a man of humble station.

On Arrested Cerebral Development. B. SACHS. Reprint from *Journal of Nervous and Mental Disease*, Vol. XIV, Sept. and Oct. 1887.

It is reasonable to suppose that arrested development should throw light upon normal function in much the same way as degenerations, but the brains of idiots have rarely been minutely studied